



**BOAH Application for Indiana
Aquaculture Pre-Entry Permit**

State Form Number



Indiana State Board of Animal Health

805 Beachway Drive, Ste. 50

Indianapolis, IN 46224-7785

Phone: 317/227-0300; Fax: 317/227-0330

Email: animalhealth@boah.in.gov

INSTRUCTIONS: Submit completed application and all supporting documentation (Fish Health Certificate(s) and certification statement from competent authority for aquatic animal health for place of origin) to the Indiana State Board of Animal Health (BOAH). **All requirements must be met in order for the application to be processed.** The application should be submitted to BOAH as far in advance of the anticipated movement as possible, but at least 14 days prior to the movement. **PLEASE PRINT LEGIBLY.**

Movement may not occur until the pre-entry permit is approved and issued by BOAH.

Facility of Origin Information

Name of owner: _____ Premise ID (optional) _____

Business name: _____

Mailing address: _____

Location of fish (if other than above): _____

County: _____ Telephone: _____

Fax: _____ Email: _____

Fish Health inspector: _____ Telephone: _____

Indiana Destination Information

Spaces for three destinations are included on this form, if there are additional intended destinations; include this information on an additional sheet of paper, or check box below.

Check this box if you will submit a season end Fish Destination Report ☐

Name of owner: _____ Premise ID (optional) _____

Mailing address: _____

Indiana destination of fish (if other than above): _____

County: _____ Telephone: _____

Indiana Destination Information #2 (if applicable)

Name of owner: _____ Premise ID (optional) _____

Mailing address: _____

Indiana destination of fish (if other than above): _____

County: _____ Telephone: _____

Indiana Destination Information #3 (if applicable)

Name of owner: _____ Premise ID (optional) _____

Mailing address: _____

Indiana destination of fish (if other than above): _____

County: _____ Telephone: _____

Please complete reverse side (page 2) as well.

Hauler Information

Name of hauler: _____ IDNR Permit number: _____

Mailing address: _____

Telephone: _____ Fax: _____ Email: _____

Shipment Information

Pre-entry permit requested for:

Species in proposed movement	Size (age or length)	Quantity (number or weight)
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Anticipated date or window of movement: _____

Applicant AgreementThis application was completed by: _____ of _____
(Printed name) (Affiliation)on _____
(Date)**I affirm that all information on this application is true and accurate to the best of my knowledge.**

Signature: _____

FOR OFFICE USE ONLY**Certifying Documentation Information**

Fish Health Certificate date/number: _____

Veterinarian's name: _____

Competent aquatic animal health authority: _____

Date certifying statement issued: _____

VS 1-27 number: _____

APPROVED ☐ or **DENIED** ☐ Reason for denial _____**BY:** _____ **DATE:** _____**PERMIT NUMBER:** _____